UPSKILLING HEALTH AND CARE WORKERS TO PROVIDE ADDITIONAL CAPACITY IN THE COMMUNITY

A SERVICE EVALUATION OF THE NEFYN PILOT

Final Report

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INTRODUCTION

The Welsh Institute for Health and Social Care, University of South Wales (USW) and PRIME Centre Wales (at USW) were commissioned to undertake a service evaluation of the Nefyn pilot.

Situated within the Tŷ Doctor Practice on the north-west coast of the Llŷn Peninsula, the Nefyn pilot is trialling an approach to upskill health and care workers to provide additional capacity in the community.

The pilot project came about of necessity during the early stages of the COVID-19 pandemic. Initially it was a partnership between the lead GP at Tŷ Doctor and home care provider Gofal Seibiant to upskill home care workers to undertake basic observations with patients within their own homes. The purpose of this was that it would offset the need for the GP to make additional house calls at a time when the NHS was experiencing acute capacity issues. Skills training included:

- Pulse
- Pulse oximetry
- Blood pressure
- Temperature

The Nefyn pilot put in place a structured five-step process. The home care workers within the pilot were not expected to make any clinical decisions but to facilitate observations. During the pilot, it has always remained the role of the clinician to make decisions about what treatment may or may not be required. The process operated as follows:

1. A patient is assessed by telephone triage.
2. The GP rings the worker on their mobile phone.
3. They discuss which observations are required.
4. The worker travels to the house, undertakes the observations and calls the GP back.
5. This facilitates a face-to-face consultation on a widely available video consultation platform.

Since commencing, the Nefyn pilot has evolved from Tŷ Doctor working with the care provider to upskill home care workers to upskilling its own healthcare workers within the practice, which is facilitated by the Integrated Care Fund and GP cluster funds.

This report presents findings from the service evaluation, a small pilot study focussed on capturing learning from the design, implementation and ongoing delivery of the pilot model to inform those across North Wales (and elsewhere) should this model be rolled out more broadly.

STRUCTURE OF THE REPORT

The report begins with the methods chapter, which describes the two data sets collected and analysed for this evaluation. This is followed by 'key findings from the literature', which provides a broad context for the evaluation and its findings. Next, is the findings from the two data collection methods. The first of these are results from a 'minimum dataset' (developed and agreed with the stakeholder group), and the second are findings from semi-structured interviews with key stakeholders of the Nefyn pilot and short reflective stories captured by healthcare workers at Tŷ Doctor following a visit to a patient's home. The final chapter is the conclusion, which offers a summary of the findings.

METHODS

The service evaluation adopted an action research approach, using mixed methods to collect and analyse data to evaluate the Nefyn pilot at Tŷ Doctor. An evaluation steering group met regularly, informing the overall study design and commenting on specific features including data collection tools. In order of their inclusion in the report, methods used were:

1. Development and analysis of a minimum dataset of activity data; and
2. Semi-structured interviews with key stakeholders, reflecting on the key learning points from the pilot model development, implementation and delivery, complemented by short reflective stories captured by workers within the pilot following a visit to a patient's home.

MINIMUM DATASET OF ACTIVITY DATA

The Table below provides a summary of the activity data that was agreed should be collected as part of the minimum dataset by workers within the Nefyn pilot. Data was only collected for a short time (between January 2021 and April 2021) given the limited nature of this service evaluation. Data items for collection were agreed upon as part of collaborative discussions and several conversations with the stakeholder group. During the period of data collection, n=11 complete observational datasets were gathered.

Table 1: Items in the minimum dataset for the Nefyn pilot.

Observations
Date of observation
Time of observation
Unique ID (EMIS number)
Gender
Age
Area of residence
Completed by
Total travel time (round journey) to the residence (minutes)
Length of time taken to take observations
Video link/Phone call with GP
Observation Values

QUALITATIVE DATA

STAKEHOLDER INTERVIEWS

Telephone and online interviews were undertaken with key stakeholders of the Nefyn pilot with the aim of understanding their experiences of the model including its design, implementation, management and delivery. Stakeholders invited to take part included:

- Tŷ Doctor practice staff (including healthcare support workers)
- External stakeholders from other agencies (e.g. Community Transformation)

Seven interviews were completed between March 2021 and May 2021 – five of these were with staff involved within the pilot team at Tŷ Doctor, and two were stakeholders from within the locality.

REFLECTIVE STORIES

Workers within the pilot at Tŷ Doctor completed short reflective stories following a visit to a patient's home with the aim of understanding what happened within the visit to the patient, and an understanding of the counterfactual position i.e. what might have happened if the visit had not happened.

Short reflective stories were broadly structured around the following headings:

- What happened?
- What did the GP/district nurse say when you connected with them?
- What was the outcome/impact?
- What would have happened if you hadn't taken the observations or attended the patients home?

In total, n=10 short reflective stories were completed between January 2021 and April 2021. Interview data was transcribed verbatim and anonymised. Transcripts and short reflective stories were analysed using thematic analysis (Braun and Clarke, 2006).

ETHICS

Ethical permission for undertaking this service evaluation study was secured from the University of South Wales' Faculty of Life Sciences and Education Ethics Committee in December 2020 to collect data and undertake analysis against all of the elements of the methods as described above. The study was also reviewed as a service evaluation by the Betsi Cadwaladr University Health Board.

BRIEF FINDINGS FROM THE LITERATURE

To help contextualise the Nefyn pilot model, this short section presents key findings from the literature. Academic and grey literature were searched using USW library databases including Scopus; ASSIA; and Social Care Online. The searches focused on the importance of providing carers with opportunities for learning and progression in the context of recruitment and retention issues for this workforce.

There are a number of challenges facing the care workforce including high turnover and vacancy rates, increasing demand for care workers, costly recruitment and training of new staff and increasing use of agency staff (Moriarty et al. 2018). Increasing levels of turnover and churn indicates challenges to recruit and retain social care workers; at any one time in England, for example, Skills for Care (2018) estimate there are 110,000 vacancies in the sector. Aspects attributed to high turnover of care staff include competition between, within and outside the health and social care sector (Moriarty et al, 2018; Care and Social Services Inspectorate Wales, 2016), that are related to pay, terms and conditions, contracts and job stability (Dromey and Hochlaf, 2018; Moriarty et al, 2018; Hussein, 2017).

A feature related to this study that is regularly cited as a reason for recruitment and retention issues within this area of the workforce is the low skill and low status of care work (Hussein 2017; Skills for Care, 2014). Whilst poor pay was the most frequently reported reason for recruitment and retention difficulties, status was discussed almost as often.

Several studies have highlighted the importance to care workers for opportunities for personal and professional development, learning and advancement, and being able to use their skills within their role (Exeter University, 2018; Radford et al, 2015; Squires et al, 2015). Creating a supportive (training and supervision) environment, where staff feel valued for the role they do and have a sense of autonomy and empowerment are associated with job satisfaction and are important to raising the skills and status of the carer workforce (Wallace et al, 2020; Squires et al, 2015). Furthermore, care workers are more likely to remain in their role where the environment is one that has a supportive culture and values their contribution (Radford et al 2015).

These findings are echoed from findings of a survey amongst adult social care employers identified as having low staff turnover (less than 10%), who were asked what they felt contributed to their success. The most important factors (Skills for Care, 2017) to retain staff included:

- Respecting and valuing staff
- Communication (listening to staff)
- Supporting staff in their roles
- Benefits and incentives
- A working environment which facilitates staff development

SERVICE DATA

The Table overleaf provides a summary of the activity data that was collected during the pilot using the 'minimum dataset' by workers within the pilot. Data was only collected for a short time (between January 2021 and April 2021) given the limited nature of this service evaluation.

During the period of data collection, n=11 unique observational datasets were gathered. Given the small size of this dataset, there is no formal analysis of this data – there is not a large enough dataset to justify this.

There is a mix of male and female patients in the pilot, with the vast majority of people ages > 76 years old. Most of the visits were undertaken in the afternoon, and were focused in the Nefyn area, with some elsewhere. On average, the total travel time was 28 minutes, with a range of 6 to 75 minutes. The observations took on average 15 minutes to undertake, ranging between 5 and 40 minutes. Only two of the calls needed to be supported by another healthcare professional (GP or nurse) via video link.

The observations values are presented in the table – no interpretation of them is offered as there were no repeat measurements undertaken. As such it is very difficult to analyse these as 'one-off' observations.

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OBSERVATION PRO FORMA – METRICS

No.	Date of observation	Time	Gender	Age	Area of residence	Completed by	Total travel time (round journey - mins)	Time taken to do observations (mins)	Video link/tel with GP	Observation values			
										Pulse	Pulse oximetry	BP	Temp
1	26.4.21	12:00	Female	76-85	Rural Llŷn Peninsula	Healthcare worker	60	20	With nurse	88			36.4
2	12.1.21	14:45	Female	76-85	Nefyn area		6	5	No	70	96	158/61	36.1
3	6.1.21	15:00	Female	76-85	Llanaelhaern area		40	15	No	57	95	159/85	34
4	22.4.21	13:00	Male	>86	Nefyn area	Healthcare worker	30	10	No	100	94	167/80	38.6
5	21.1.21	12:00	Male	>86	Rural Llŷn Peninsula	Healthcare worker	75	15	Yes	63	99	143/88	36.1
6	12.3.21	11:30	Male	76-85	Nefyn area	Healthcare worker	15	10	No	99	95	136/71	37
7	10.5.21	12:30	Male	76-85	Nefyn area	Healthcare worker	10	10	No	63	97	181/84	36
8	6.1.21	16:00	Female	51-65	Llanaelhaern area		25	15	Yes		77		
9	8.1.21	13:45	Male	76-85	Nefyn area		10	10	No	53	95	154/69	35.7
10	5.2.21	14:00	Female	>86	Nefyn area	Healthcare worker	10	40	No	90	96	152/74	35.2
11	15.2.21	14:45	Female	76-85	Llanaelhaern area	Healthcare worker	26	10	No	73	98	129/51	36.5

INTERVIEWS AND SHORT REFLECTIVE STORIES

This section of the report presents findings from interviews with key stakeholders of the Nefyn pilot and short reflective stories completed by Tŷ Doctor healthcare workers.

Findings are presented using four overarching themes:

1. Impact of the model for patients and families
2. Impact of the model for Tŷ Doctor healthcare workers
3. The Nefyn pilot model
4. Impact of the model on the health and social care system

Each of the four overarching theme headings are discussed in the following section. Where quotations are provided as supporting evidence, the stakeholder type is provided (Tŷ Doctor Staff, Healthcare worker, External). However, all other information has been removed to ensure the anonymity of all participants.

IMPACT OF THE MODEL FOR PATIENTS AND FAMILIES

For Tŷ Doctor patients and families, interviews and short reflective stories communicate the positive impact the model has had. These include:

- Achieving '*what matters*' for the patient

The extract below describes a home visit to a palliative care patient who did not want to be admitted to hospital but to remain at home with their family. Through a video consultation with the GP and the patient (facilitated by the healthcare worker) the outcome that mattered – '*to die at home with their family*' – was met without compromising the quality of care.

> *There was a patient who was [for] palliative care, they didn't want to go into hospital, they wanted to stay at home with family, so I was able to go out to take their observations and I did a video link call with the GP. The GP did a quick assessment on the video call with the patient and from that observation it just meant that we didn't need to ring the paramedic, they didn't need hospital admission and ultimately the patient was able to die at home with their family, which is what the patient wanted (Healthcare worker)*

A reflective story described a patient had been moved to residential care. COVID-19 meant the patients spouse was unable to visit and the patient wanted to return home. However, the patient's spouse was unable to meet their care needs. Several online meetings were held via Zoom including the patient, their children and the social worker. However, the spouse was unable to attend because they did not have access to a computer and found it difficult to understand how Zoom calls worked. In this example, the role of the healthcare worker meant the patient's spouse being included in the meetings and having an active voice about 'what mattered' to them:

As part of my role, I was able to provide support to the patient's spouse and visit them at their home with my laptop to ensure that they could be part of every meeting. I felt that this was very important to them as the patient's children, who were not in a position to help with the care of their parent, were trying to fight to get their parent home and the patient's spouse needed a way to voice their wishes and concerns too (Healthcare worker)

- Person-centred, holistic support

The role of the healthcare worker at Tŷ Doctor has continued to evolve to include working with other agencies within the Community Resource Team (CRT) undertaking welfare checks on behalf of social service (the evolving role of the healthcare worker is discussed in further detail in the next overarching theme). A short reflective story captures the holistic support provided by the healthcare worker, which goes beyond responding to medical needs.

A patient had been discharged from a two-week stay in hospital. The hospital had put in a twice-daily care visit (AM and PM). Patient lives on their own and social services asked me to carry out a welfare check.

I visited the patient's home, they had been sent home with lots of medication that they were confused about, their medication is taken at set times during the day from a blister pack. The patient had a couple of weeks' worth of medication and was struggling which to take.

Whilst there I was able to assist with organising their medication and made sure they knew which to take in the morning if the carer hadn't been yet as his medication is due at 8am. The kitchen was full of dirty pots and the patient had little food or milk in. Whilst there I was able to clean the kitchen up and pop out for milk and for their supper which I stayed and cooked for them. Had the patient not received a visit that evening they may have gone without a meal and the correct medication (Healthcare worker.

The case description above also highlights the preventative element of the welfare check, the healthcare worker ensured the patient was safe and cared for, and supported the patient's adherence to medication by ensuring they knew what medication to take which may not have been the case had the welfare check not been carried out.

- Reduced number of professionals visiting patient homes

A further benefit of the Nefyn pilot for patients referred to reducing the number of different professional visiting their home.

[The model] sums up holistic care […] …it's minimized contact with lots of with different teams, departments *because it's just one person going isn't it going to a vulnerable patient (Tŷ Doctor staff).*

*…the more generalist and broad skillset the carers have got, the less chance that is that you've got 5/6/*10 *people trampling into your home and asking questions (External)*

This has also meant consistency for the patient and familiarity with the healthcare worker: *…because it was somebody that [healthcare worker] was familiar with, that was much better and that patient did know them (Tŷ Doctor staff).* Also discussed was how the model has helped patients to be seen more quickly, with comparisons to what it was like before its implementation.

> *…if you look back a year ago, we weren't doing this. We would have been saying 'have an appointment in two days time' or, 'get somebody to bring you in'… […] … so it took that all out of it as well (Tŷ Doctor staff).*

IMPACT OF THE MODEL FOR THE TŶ DOCTOR HEALTHCARE WORKERS

For healthcare workers at Tŷ Doctor, the model has led to an enhanced skillset and elevated role.

> *…what you're doing is you're upskilling these workers because they're perfectly competent […] … you're not asking them to do something that's beyond their skill set, you're are asking them to take temperature, blood pressure, stats. As long as you've been trained properly to do it (External)*
>
> *[GP] is upskilling his team now and they're learning various other skills (External)*

The healthcare worker's role has continued to evolve throughout the course of the pilot, beyond taking observations with patients. This has included further training, supporting with the Covid-19 vaccine rollout, and multi-agency working within the CRT.

> *[my role includes] observation work in the communities, if people are discharged from hospital, perhaps I will go out and see them as a welfare check just to make sure that they've got things in place. If they're not open to social services, it might just be going to see whether they need care in place or whether they need an occupational therapy visit. Things like that and I'm helping out with the vaccine clinic rollout (Healthcare worker)*

Healthcare workers were described as having increased '*confidence*' and '*autonomy*' and mutual '*trust*' between professionals, supporting effective working relationships.

> *…they've then got more confidence to speak to people maybe that they wouldn't have been allowed to speak to I suppose.* You *know, they wouldn't have ever thought that they could pick up the phone to the social worker themselves, they'd feel they've have to go through managers (External)*

In the context of Covid-19, the role has further been utilised to deliver oxygen saturation monitors: *We've been delivering the oxygen sats machines out in the community so that they [patients] can monitor their own oxygen levels. Then it can either prevent hospital admission or it means that they get a quicker hospital admission if their oxygen drops below certain level (Healthcare worker).*

The developing role and skills of the healthcare workers at Tŷ Doctor has been facilitated by an environment that seeks to build and provide opportunities to progress: *Anything we think they [healthcare workers] is capable of doing we will give them the opportunity to do it (Tŷ Doctor staff).*

I think it's an untapped resource and also it gives them an opportunity to further themselves in a kind of pretty safe environment where we take all the responsibility (Tŷ Doctor staff)

The job has evolved, we do joint visits sometimes when we think there's more of a neglect or welfare need on top of the physical/medical problems (Tŷ Doctor staff)

Subsequently, the skills and expertise of the healthcare workers has become a trusted and reliable resource: …*when [healthcare worker] says something, it has credence. When she says 'oh so and so seemed a bit out of breath when she came to the door' and that's a very small example there, but when she tells me, it gives more weight (Tŷ Doctor staff)*

In the extract below, a healthcare worker describes their journey of professional development and increased responsibilities, starting at the practice at the height of the pandemic to deliver medication to awaiting to enrol on a college course.

I started in this practice in April, and that was to take medication to people who were shielding who had health issues. Since October, I've been helping in the surgery as a health care practitioner and I went on a phlebotomy course to take bloods and now I do a bit of health care work in the morning. I do ECGs*, I do bloods, I do urine dipsticks and whatever else is needed, blood pressure and things and observations. My name is down to do injections and vaccinations like flu vaccinations, pneumonia and that's going to be through the college (Healthcare worker)*

THE NEFYN PILOT MODEL

The Nefyn pilot model has enabled a new way of working, described by staff at Tŷ Doctor as '*very, very useful*', particularly in the context of the Covid-19 pandemic and its associated restrictions: '*especially in the time when we weren't going out and about*'.

Overtime, the model has continued to evolve and the role of the healthcare worker has become a '*familiar*' and valuable resource: *There's a lot of other things that we're doing as well with it now, as well as the observations. It's a proper holistic tool (Tŷ Doctor staff)*

…in the beginning, I needed a piece of paper on my computer that reminded me about [healthcare worker] because it was unfamiliar. But then the more familiar it's become, the more it's become part of another resource (Tŷ Doctor staff)

Key elements to the model referred to by participants as working well included:

- The flexibility of the healthcare workers role

The working hours of the healthcare workers at Tŷ Doctor are not fixed and allow for a flexible approach: *We purposely didn't put the working hours too regimented* (Tŷ Doctor staff).

In turn, the accessibility and flexibility of the healthcare worker enables responsiveness and the timely provision of support for patients.

*They've [*healthcare *workers] got that flexibility as well in their schedules (External)*

If somebody asked me is [healthcare worker] available to go to do observations and such I can ring her*, she's on standby. She can be within that patient's house within 15, 20 minutes, which is sometimes what's needed (Tŷ Doctor staff)*

Further, having skilled healthcare workers situated within the practice was seen as beneficial, offering a sense of immediacy and proximity in the working relationship:

…having in-house, a person who's part of the surgery team because we see her, we see her around. It's not filling a form in and referring to somebody else who gives you the information back. You've got *a two-way system (Tŷ Doctor staff)*

The extract below (taken from a healthcare worker's reflective story), further reflects the timely provision of care provided:

I was able to complete this visit and assessment a matter of hours after the patient's fall which was in the early hours of the morning, and I was able to see the patient within an hour of their call to the surgery (Healthcare worker)

- Efficiency and sharing information

The timely sharing of information between staff at Tŷ Doctor, described as a '*great system*' enable accurate patient management and decision-making. Underpinning this aspect is trust and confidence in the skills of the healthcare worker to collect observation data.

We have a great system where I would pass to the practice manager who would then get it to [healthcare worker], who would either be out and about doing something else and would then be able to fit in the assessment that I wanted them to do. Then they'd feed the results straight back to me. So it was like my eyes on as it were, and I could then call the patient back*, actually having hard data of their observations and how they would look to them (Tŷ Doctor staff)*

- 'Fluid' role development

The role specification for the healthcare workers at Tŷ Doctor was purposely designed to be '*nebulous*', which, coupled with an environment that supports learning and development has enabled the role to be responsive and develop into an '*holistic*' resource.

The job description is very fluid and I think that was a conscious decision by the practice that we kept *it quite nebulous (Tŷ Doctor staff)*

…there's a lot of other things that we're doing as well with it now, as well as the observations. It's a proper holistic tool (Tŷ Doctor Staff)

- Previous skills/experience of the healthcare worker

Previous knowledge, experience and skills within social care with '*knowledge of how the system works*' was considered crucial to the role:

With [name] background in social care, she was the ideal person to go on our behalf and social services' behalf so that meant they didn't actually need to go out to the

house to establish the intensity of care required. If I was picking somebody to do it again, it would certainly be somebody with prior knowledge of how the system works, I think that's integral really (Tŷ Doctor staff)

- Governance/oversight

In the planning and development of the pilot model, an important discussion point had been around decision-making and responsibility in terms of which calls healthcare workers were assigned to and from the outset it was agreed that *'the doctors were accountable*':

It was always made sure that it was very clear that the doctors were accountable … […]. …we always brought it back to the doctors in that surgery and you need to make sure that you're happy with the quality and that you support the staff and ultimately it's your decision. But I think that sort of accountability is really important to work through (External)

Processes to assess each patient on an individual basis are established within Tŷ Doctor; decisions about '*the appropriateness'* of whether a healthcare worker attends a patient's home, and accountability for those decisions sit with the practice GP.

If a patient is brought to our attention and we are happy to say that they are not desperately ill needing an ambulance, or potentially life threatening. If it's something less serious, then we would have a chat with the patient or whoever has done the call and we would decide on the appropriateness of XX going out. So it's our call, which call [Healthcare worker] goes to, it's our decision, the calls are selected and vetted, it's my call at the end of the day (Tŷ Doctor staff).

- Information sharing within the CRT

Situating healthcare workers within the CRT has meant an open line of communication that supports collaborative decision-making and discussions about patient care.

…the other important factor of the model is that they're not doing that [making decisions] in isolation. If they do feel I'm not quite happy with this, or I've got this idea or whatever they can pull in the rest of the Community Resource Team (External)

Each of the extracts below highlights the valuable information healthcare workers hold about the patients they are visiting and up-to-date understanding of a patient's health and well-being. Regular visits either via prescription delivery, or to undertake observations and/or welfare checks create familiarity and understanding of what is 'usual' for a patient and the opportunity to identify the signs and symptoms of worsening or emergent conditions. Within the CRT, healthcare workers raise concerns and/or monitor a patient who is *'more vulnerable'*.

For patients who may be in need of care and support and who are not already listed within the CRT, the role of the healthcare worker offers knowledge and awareness:

From that [CRT] meeting, somebody may not have been seen yet by the GP or may not yet have seen by social services, so I can give some information on patients in the community (Healthcare worker)

I might go there [to the patient home] today and I could see the deterioration in them and the alarm bells ring so I put their name forward to the [CRT] team (Healthcare worker)

In the same way, healthcare workers have knowledge of patient caseloads and share information/concerns about patients known to the CRT. This was seen to be of particular benefit in remote and rural settings:

They attend the CRT so they're aware of the caseload that the district nurses have and that social services have, which is great and for particularly relevant for [healthcare worker] who is traveling around some very remote spots. He can remember from that meeting who was of particular concern or who was more vulnerable and he can keep an eye on them as he's traveling around (Tŷ Doctor staff)

However, a lack of a system or infrastructure to enable information sharing between health and social services was highlighted. The example below refers to updating patient information onto the EMIS system, which is not accessible to social services: *I can update EMIS but social services don't have access to EMIS. Now if everybody has access to that one document, it would be helpful (Healthcare worker)*.

Other future considerations of the Nefyn pilot model referred to included:

- Utilizing the healthcare worker's role across agencies

Healthcare workers are working with other professionals as part of the CRT, for example, social services to carry out welfare checks. However, the role itself was highlighted as not being fully utilised by all agencies/professionals as much as it could be. Reasons attributed included an uncertainty of '*where my role fits'* and professionals feeling '*protective of their own roles'.*

Because it's quite a new role, I don't really think everybody knows quite how to use my role, which is obviously something that we are working on. So OTs and physios, I don't really think they know where my role fits in with them but we've got a meeting set up now to try and figure that out, so how we can incorporate my role into their jobs as well (Healthcare worker)

People are very protective of their own roles and convincing them to let go and devolve their jobs to other people is always a challenge (Tŷ Doctor staff)

- Contingency planning

Within the Tŷ Doctor practice, there are two healthcare workers who have been upskilled and whose roles continue to evolve and develop. Yet it was recognised that there is a lack of a '*back-up'* in the event of staff shortages:

…in our little practice here it is down to two individuals and there is no backup. If one or both of them were off sick we wouldn't have anybody. […] So if somebody is away on secondment or long term sick, there is somebody that can step in. But we haven't gone down that route with [name] or [name] so far, there is no back up (Tŷ Doctor staff)

- Future funding

The healthcare workers at Tŷ Doctor are '*partly funded through the GP cluster funds and partly funded through the Community transformation'* (External).

…the money, the funding has come from health and social care 50/50 but are employed by me (Tŷ Doctor Staff)

Continuation of funding was described as a *'challenge', 'because part of it comes from cluster funds and cluster funds are not very easy to spend unfortunately' (Tŷ Doctor staff).*

The Covid-19 pandemic had to some extent provided the impetus for the pilot, but there is uncertainty regarding securing longer-term funding to sustain the pilot:

…it's been OK on a 116th pilots basis for a few months and bear in mind it was Covid-19 […] It was a sensible investment in that sort of crisis situation and I think this is one of the good things that come out of Covid-19. It's giving us the opportunity to try this out, but for it to be something that GPs do all over, and there's no reason why GPS all over the country couldn't adopt this sort of thing, but the funding issue would have to be addressed (External).

IMPACT OF THE MODEL ON THE HEALTH AND SOCIAL CARE SYSTEM

In terms of what difference the Nefyn pilot has made to the wider system, aspects discussed by participants suggests the pilot model can help facilitate:

- Multi-agency working and communication

One of the two healthcare workers at Tŷ Doctor also coordinates the information discussed and recorded at the CRT meetings. Work undertaken with social services, has helped streamline the process of communication and information sharing; ensuring that '*social services have the same list as we do in the CRT'*:

I'm a central contact for making sure that I know about every patient. It's just having that one person to be able to collect that information and record it somewhere, which I don't really think we had that before. So social services will have people to discuss and then the GP's, district nurses will have someone to discuss. I've been in close contact with one lady from social services to put one list together, so that social services have the same list as we do in the CRT, so that we can see it on emails and it's the same. Whereas it was a case of there was two separate lists going on (Healthcare worker)

- Increased capacity and prevention of hospital admission

The pilot model was highlighted as increasing capacity, not only for Tŷ Doctor staff, but for professionals in the CRT:

> *We had in a case where somebody rang, they were worried about a family member, so I went out to do the welfare check. They weren't open to social services, but from me doing that, it just meant that social services didn't need to have an input at that time it obviously took that pressure off social services to go out (Healthcare worker)*

The extract below, taken from a reflective story provides another example of how the role and flexibility of upskilled healthcare staff has helped alleviate social care capacity:

> *I received a phone call from social services, they had a client living in [area] who required overnight care and there were no carers available. I was able to provide care for two nights immediately to give social services time to arrange more permanent care for them. Had I not been able to do this within my role the client would have been left in a very vulnerable situation and at risk overnight (Healthcare worker)*

Finally, each of the excerpts below demonstrates both increased capacity, timely provision of care, and prevention of hospital admission. In the first example, the healthcare worker visited a patient's at home who had been struggling with their mobility; the visit prevented a GP call out and led to an occupational therapy assessment and equipment being fitted to help prevent a fall or future hospital admission. In the second example, the flexibility of the healthcare worker is again highlighted and shows that by visiting the patient's home, a GP and ambulance callout was avoided:

> *The outcome for this is that the video was able to be sent straight on to the patients consultant for review preventing a GP having to visit her home and preventing possible hospital admission. I was also able to call in the OT's to assess her needs round the house with her mobility and as a result grab rails were put in place for her making her more safe at home. If a visit had not been made this lady possibly could have had a fall at home or needed to go to hospital (Healthcare worker)*

> *There's one chap avoided a hospital admission, well it avoided an ambulance call out and consequently avoided the hospital admission. The [healthcare worker] went out and did that 6:00 o'clock on a Friday night, the doctor was dealing with other patients. The fact that [healthcare worker] was able to go to that house and do the observations gave the GP an idea of the person's status at the time and allowed him to make a judgment based on those stats that he was fine to stay at home and to call the ambulance if anything changed (External).*

CONCLUSION

In this concluding chapter, we felt it would be useful to reflect on the key findings. At the core of this service is a relationship between the GP practice and the people that it serves in its community. The service was born out of an emergency situation when there was a clear and present need to find additional capacity within an already stretched primary care system. The initial response to Covid-19 was a positive one and an innovative approach was adopted. That model evolved over time, and evolved away from the initial relationship with the home care agency Gofal Seibiant and the GP practice. Nevertheless, findings illustrate the potential for home care providers to develop similar approaches with GPs within their communities and the value of doing so for patients, their families, home care workers and the wider health and social care system. The Nefyn model itself continues to develop within Tŷ Doctor and provides an interesting case study into how service innovation and quality improvement can go hand-in-hand.

Reflecting on the most important outcomes from the pilot it is interesting to note the extent to which those outcomes are aligned with the current Welsh policy frameworks centred on integrating health and social care within communities. This service is a preventative one, which means that people get support where they need it, when they need it, in order to avoid crisis. As has been demonstrated, these preventative activities can take the form of hospital avoidance, but they can also be the small things that matter to people which help to avoid real moments of difficulty in their lives.

The service model holds the relationship between the patient and the healthcare worker at its heart. It works because of this relationship. There is evidence in our evaluation of the positive impact that this model has for patients and families providing them with 'what matters' – patient-centred holistic support. It also means that fewer professional agencies and organisations need to visit peoples' homes, which has proved particularly important in times of social distancing.

There are a number of features that have defined the Nefyn pilot. First, the model has provided healthcare workers with an enhanced skillset and elevated role, and for the Community Resource Team (CRT), their role is a trusted resource. The ongoing development of healthcare workers skills is set within an environment that fosters opportunities to continue to progress. Second has been the flexibility of the healthcare workers' role in the model. There has always been an emphasis on sharing and working efficiently, and the role has developed in an organic way throughout the pilot. The previous knowledge, skills and experience of the healthcare worker was a key component alongside the development of effective professional relationships. Alignment with existing structures like the CRT proved to be an effective means by which information could be shared with appropriate governance and oversight.

Ultimately, this model has had a positive impact on the health and social care system in its communities – but perhaps its most important impact has been for the families and the

individuals it is supporting. At a time of crisis for the National Health Service, the increased capacity provided by this pilot and the associated prevention of hospital admissions helped to ease pinch points within the system.

There are of course limitations to any study including this small-scale pilot service evaluation. It would have been positive from our point of view to have been able to collect more data throughout the pilot program in order to provide a more robust quantitative evidence based on which claims could be made. However, the power of the qualitative testimonies gathered through interviews with pilot staff and key stakeholders offers a very clear narrative. A larger scale evaluation study would be able to demonstrate some of the impacts that we have not been able to evidence as we would have liked but the qualitative data gathered is not in doubt.

This has proved to be a very effective pilot programme, modelling a new way of working within primary care. We trust that similar models of innovative practice will be able to learn from the experience in Nefyn and build on the firm foundations that this service evaluation offers.

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